

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90204 029 ***150.00

DOCUMENT # P03000041278

1. Entity Name
BBETO'S INC.



Principal Place of Business Mailing Address

9261 E BAY HARBOR DR #2 **9261 E BAY HARBOR DR #2**
BAY HARBOR ISL, FL 33154 **BAY HARBOR ISL, FL 33154**

2. Principal Place of Business 3. Mailing Address

7620 CARLYLE AVE **7620 carlyle AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

APT. 504 **APT. 504**

City & State City & State

Miami Beach, FL **Miami Beach, FL**

Zip Country Zip Country

33141 **DADE** **33141** **DADE**

59952722



05102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

51-0477131 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BENEGAS, LEONARDO
9261 E BAY HARBOR DR #2
BAY HARBOR ISL, FL 33154



7. Name and Address of New Registered Agent

Name **BENEGAS, LEONARDO**

Street Address (P.O. Box Number is Not Acceptable)

7620 carlyle AVE APT. 504

City **Miami Beach** **FL** Zip Code **33141**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME BENEGAS, LEONARDO	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 9261 E BAY HARBOR DR #2		
CITY-ST-ZIP BAY HARBOR ISL, FL 33154		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME BENEGAS, LEONARDO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 7620 carlyle AVE APT. 504			
CITY-ST-ZIP Miami Beach, FL 33141			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **05/09/05** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #